

OFFICE OF BACKGROUND INVESTIGATIONS (OBI)
REQUEST FOR CRIMINAL BACKGROUND INVESTIGATION
CHILD-PLACING AGENCIES (CPA)

MAIL REQUEST FORM, 1 FINGERPRINT CARD AND FEE TO:

DATE RECEIVED IN BACKGROUND UNIT

Office of Background Investigations (OBI)
7 North 8th Street, 3rd Floor
Richmond, VA 23219



CONTACT INFORMATION:

Angela Pearson: (804) 726 – 7099
Marilyn Suber: (804) 726 – 7092
Linda Jean-Pierre (Live Scan) (804) 726 – 7066
Fax Number: (804) 726 – 7095
Email: backgrounds@dss.virginia.gov
Website: <http://www.dss.virginia.gov>

PERSONAL DATA:

Last Name: _____ First Name: _____ Middle Name: _____

Other Names (List all names currently or previously used including maiden, former married, religious, etc. Any names listed below should also appear in the ALIASES section of the fingerprint cards.)

Social Security #: _____ **Date of Birth:** _____ **Gender:** _____ **Race:** _____ **Country/State of Birth:** _____
(mo/day/year)

Purpose: ☐ Foster Care ☐ Adoption ☐ Relative ☐ Adult Member ☐ Birth Parent

AGENCY DATA:

Agency Name and Address: _____

Agency Type: _____ Agency ID Number: _____

Agency Contact : _____ / _____
Print Name Signature of Contact Person

Contact Phone Number: (_____) _____ Date of Request: (mo/day/year): _____

☐ Live Scan Submission (approved LDSS only)